PERM.

FACILITY

Rockydale - Broadway Quarry

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840133

	Showard.
No Discharge:	

COMMONW TH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING
DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	МО	DAY		
FROM	2021	4	7	то	2027	6	30		

RETURN TO

Department of Environmental Quality
Valley Regional Office
4411 Forty Road, P.O. Box 2000, Horris

4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801

(540) 574-7800

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND RETURNING IT.

Run Date: Jun 26.2

Dutfall Num: 001 Reporting Frequency: Quarter Run Date: Jun 26, 2019											
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQUENCY OF	SAMPLE	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
001 FLOW	REPORTD	.385	.385	MGD	*****	****	*****	MAD	0	1/3/1	Est
REQRMI	REQRMNT	NL	NL	MGD	****	*****	****	,		1/3M	EST
002 et l	REPORTD	*******	******	SU	7.65	*******	7.65	SU	0	173M	Grab
002 pH	REQRMNT	******	******		6.5	******	9.5	SU		1/3M	GRAB
004 TSS	REPORTD	*******	******	Malh	******	1.8	1.8	MolL	0	1/3M	Brah
	REQRMNT	*******	*******	J.,	******	30	60	MG/L		1/3M	GRAB

Additional Permit Requirements (Outfall 001):

Comments:

PERM) FACILITY

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I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

BYPASS AND OVERFLOWS						
TOTAL OCCURRENCES	TAL OCCURRENCES TOTAL FLOW(M.G.) TOTAL BOD5(
я						
	:					

OPERATOR IN RESPONSIBLE CHARGE				DATE			
Timothy Children	Timothe C		2021	7	6		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY		
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		4			
Timothy Chillers	Timoth Ch	540-682-3418	2021	7	6		
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		